

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
GRADUATE MEDICAL EDUCATION PROGRAM  
ROSTER OF PRIMARY CARE RESIDENTS FOR 2005**

Program Name \_\_\_\_\_ CB Number (see listing) \_\_\_\_\_

Person \_\_\_\_\_ Completing \_\_\_\_\_ Survey \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

**ACADEMIC YEAR 2004-2005: RESIDENTS IN TRAINING**

1. Number of Accreditation Council of Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved primary care residency positions: Total \_\_\_\_\_

**INSTRUCTIONS:** Please provide information for all residents, INCLUDING International Medical Graduates, in each primary care residency program on September 1, 2004. Primary care residency programs are defined as: family practice, internal medicine, pediatrics, obstetrics/gynecology, and combined medicine and pediatrics programs. For each resident, provide their full name, social security number, program year, name and location of medical school of graduation, and residency program location. Attach additional sheets as necessary. Information concerning individual students is held in strictest confidence and will not be released by the Coordinating Board. Completed and signed survey forms must be returned to the Coordinating Board by November 16, 2004. The information submitted in this survey will be used to make decisions regarding the distribution of GME funds. Programs failing to provide the requested information will not be considered for funding. Please contact Stacey Silverman at 512/427-6206 if you have any questions or require assistance.

2. Number of primary care residents in training on September 1, 2004

PGY-1 \_\_\_\_\_ PGY-2 \_\_\_\_\_ PGY-3 \_\_\_\_\_ PGY-4 \_\_\_\_\_, for a total of \_\_\_\_\_ primary care residents.

**RESIDENTS IN TRAINING ON SEPTEMBER 1, 2004**

	<u>NAME</u>	<u>SS NUMBER</u>	<u>PGY</u>	<u>MEDICAL SCHOOL</u> (Indicate IMG with an asterisk*)	<u>RESIDENCY PROGRAM</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____

**DUE TO THE COORDINATING BOARD: November 16, 2004**

Mail completed survey to: Stacey Silverman, Program Director, THECB, PO Box 12788, Austin, Texas 78711

13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

Certified and Authorized by on this the \_\_\_\_\_ day of \_\_\_\_\_, 2004

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

**DUE TO THE COORDINATING BOARD: November 16, 2004**

**Mail completed survey to: Stacey Silverman, Program Director, THECB, PO Box 12788, Austin, Texas 78711**

**DUE TO THE COORDINATING BOARD: November 16, 2004**

**Mail completed survey to: Stacey Silverman, Program Director, THECB, PO Box 12788, Austin, Texas 78711**